

**CRIMINAL HISTORY SYSTEMS BOARD (CHSB) CRIMINAL OFFENDER RECORD
INFORMATION (CORI) TRAINING REQUEST FORM**

TYPE OF TRAINING REQUESTED: _____

AGENCY NAME: _____ CERTIFICATION CODE: _____

TYPE OF AGENCY: _____ AUDIENCE SIZE: _____

DOES YOUR AGENCY BELONG TO AN ORGANIZATION OR ASSOCIATION OF SIMILAR
AGENCIES THAT REQUEST CORI? _____

WILL THIS TRAINING HOST OTHER SIMILAR AGENCIES? _____

PLEASE DESCRIBE THE VARIOUS ROLES AND RESPONSIBILITIES OF POTENTIAL TRAINING
PARTICIPANTS: _____

PLEASE DESCRIBE ANY CORI QUESTIONS OR ISSUES THAT YOU WOULD LIKE ADDRESSED:

PLEASE INDICATE POTENTIAL TRAINING DATES OR TIMEFRAMES: _____

PLEASE INDICATE POTENTIAL TRAINING LOCATIONS: _____

CONTACT NAME: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

PLEASE SUBMIT TO:

AGAPI KOULOURIS
ASSISTANT GENERAL COUNSEL
CRIMINAL HISTORY SYSTEMS BOARD
200 ARLINGTON STREET, SUITE 2200
CHELSEA, MA 02150